# Aromatherapy in the PACU

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### Introduction

- Solution Post-operative nausea and vomiting (PONV) is one of the most common and distressing anesthesia related complications after surgery.
- Of the patients that experience PONV, 30% of patients experience vomiting while 50% experience nausea. High risk patients may have rates up to 80% (Odom-Forren, 2018).
- Patients need alternatives to the pharmacological interventions already provided.
- Aromatherapy inhalers with ginger, lavender, spearmint, and peppermint are a complementary, homeopathic, and a nonpharmacological option.
- Benefits of aromatherapy include reducing pain, eliminating/managing headaches, providing allergy relief, and anti-emetic properties (Stoicea, N., et. al., 2015).

### **Identification of the problem**

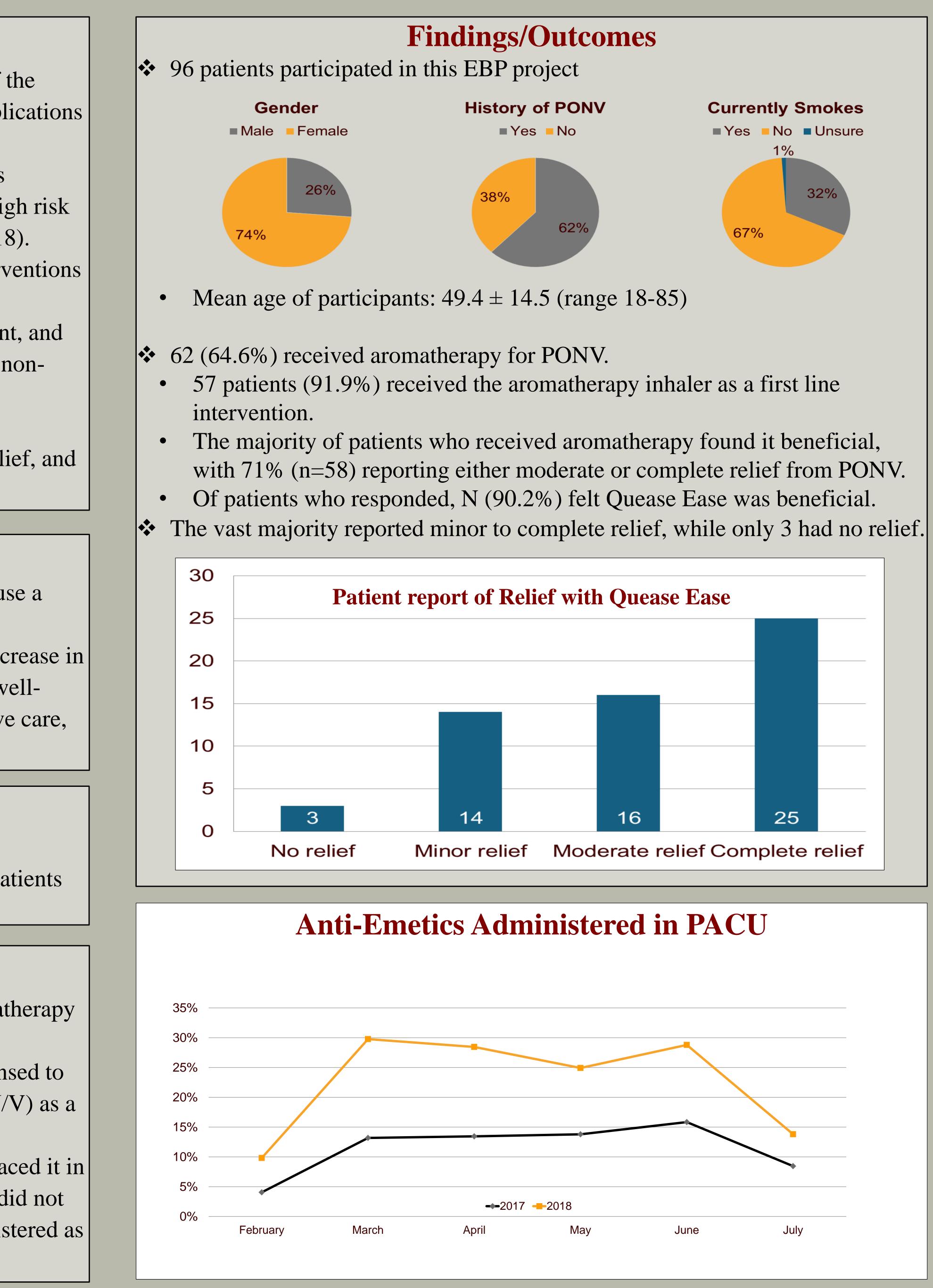
- PONV can lead to post-surgical complications and cause a delay in patient recovery.
- When patients are involved in their care, there is an increase in compliance of medical care, it increases their mental wellbeing, improves patient compliance with post-operative care, patient outcomes, and promotes recuperation.

### **EBP Question / Purpose**

The purpose of this study is to determine if the use of aromatherapy will reduce the incidence of PONV in patients post-operatively.

## **Methods/Evidence**

- A Patients were asked if they would like to try an aromatherapy inhaler for potential PONV.
- The aromatherapy inhaler was then proactively dispensed to patients with on set of any nausea and/or vomiting (N/V) as a first line intervention.
- The PACU nurse completed the questionnaire and placed it in the designated locations. If the aromatherapy inhaler did not offer complete nausea relief, antiemetics were administered as ordered.





### **Implications for Perianesthesia nurses and** future research:

Aromatherapy is a branch of herbal medicine, in which the essential oils are absorbed into the body, resulting in strong physiologic, emotional, and psychologic reactions that are considered beneficial. Using non-pharmacologic treatment such as an aromatherapy inhaler reduces the patient's exposure to possible side effects they may endure from IV/IM medications administered and increase their satisfaction with their post-operative care.



re utilizing a new non-invasive treatment for patient struggling with post-operative nausea and vomiting. From BSN RN Jill De La Vega BN RN CCRN Donna Morrone BSN RN

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### References:

Medicine, 2004;350(24):2441-51.



https://www.nejm.org/doi/full/10.1056/nejmoa032196#article\_references

Mamaril, M., Windle, P. and Burkard, J.Prevention and Management of Postoperative Nausea and Vomiting: A Look at Complementary Techniques. Journal of PeriAnesthesia Nursing, Volume 21, Issue 6, 404 – 410 <u>https://doi.org/10.1016/j.jopan.2006.09.007</u>

Stoicea, N., Gan, T. J., Joseph, N., Uribe, A., Pandya, J., Dalal, R., & Bergese, S. D. (2015). Alternative Therapies for the Prevention of Postoperative Nausea and Vomiting. Frontiers in Medicine, 2, 87. http://doi.org/10.3389/fmed.2015.00087

Apfel, C., Korttila, K., Abdalla, M., Kerger, H., Turan, A., Vedder, I., et al. (2004). A Factorial Trial of Six Interventions for the Prevention of Postoperative Nausea and Vomiting. New England Journal of